

Exhibit

B

**MANVILLE PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES**

ELIGIBILITY DETERMINATION

Student Name: Jason Zangara DOB: 3-28-86
 Parents: Andrew & Mary Ellen Zangara Home Phone: 536-5568
 Address: 24 S. 3rd Ave. Work Phone:
 Current Placement: Manville, NJ 08835 Grade: 9
 Regular Education
 Case Manager: Alice Kelly Eligibility conference date: 1-25-01 Initial Reevaluation
 PARTICIPANTS

| PARTICIPANTS | TITLE | SIGNATURE |
|--------------------|------------------------------|--------------------------------|
| Nancy Persing | Learning Consultant | Nancy Persing |
| Sandy Knopik | Guardian Lawyer | Sandy Knopik |
| Joanne LaPiano | School Psychologist | Joanne LaPiano |
| Mary Ellen Zangara | Parent | Mary Ellen Zangara |
| Andrew Zangara | Parent | Andrew Zangara |
| Brinda B. Weddick | Student Assistance Counselor | Brinda B. Weddick, Ed.S., P.A. |
| Alice Kelly | Social Worker | Alice Kelly |

ELIGIBILITY STATEMENT

The members of the Evaluation team met and determined (based on a comprehensive assessment of this student's educational disability) that Jason is not eligible for special education and related services.

RATIONALE STATEMENT

The rationale for this decision is based on the findings of the evaluations conducted which supports the identification of the following disability(ies):

Other Health Impaired

This disability(ies) adversely affects the pupil's educational performance and the pupil is in need of special education and related services: Jason diagnosed Attention Deficit Hyperactivity disorder presents him from meeting with success in the general education pattern without special education. For pupil's with specific learning disabilities: A significant discrepancy was demonstrated between achievement and ability, intervention that is not correctable without special education and related services and is not primarily caused by environmental, cultural or economic disadvantage. This discrepancy identified was:

Please refer to the evaluation report(s) for documentation of relevant behavior noted during the observation, the relationship of that behavior to the pupil's academic performance and any educationally relevant medical finding.

PARENT/GUARDIAN ACKNOWLEDGEMENT

I have received written notice of my child's eligibility according to NJAC 6A:14, which consists of the evaluation report(s) and a copy of this document.

Mary Ellen Zangara, Andrew Zangara 1/25/01
 Parent's Signature Date

I agree with the eligibility determination Mary Ellen Zangara, Andrew Zangara 1/25/01
 Parent's Signature Date

I agree to proceed immediately with the IEP meeting Mary Ellen Zangara, Andrew Zangara 1/25/01
 Parent's Signature Date

Enc: MPS Special Education Procedural Safeguards Brochure

LEA USE ONLY
 Mailed to Parent (Date) _____
 Hand Delivered to Parent (Date) _____
 Received at Meeting (Date) 1-25-01

FORM 4

MANVILLE PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
MANVILLE, NEW JERSEY

PSYCHOLOGICAL EVALUATION

| | | | |
|-----------------|---------------------------------|-------------|-----------------|
| Name: | Jason Zangara | Birth Date: | 3-28-86 |
| Address: | 24 South 8 th Avenue | Age: | 14-9 |
| Evaluated: | 1-16-01 | School: | MHS |
| Date of Report: | 1-17-01 | Grade: | 9 th |
| By: | J. LoPiano | | |

REASON FOR REFERRAL:

Jason was referred to the child study team for a comprehensive evaluation due to parent and teacher concerns regarding Jason's difficulties with concentration, peer relations, and performance with written assignments.

TESTS ADMINISTERED AND DATA SOURCES:

Wechsler Intelligence Scale for Children - Third Edition
Conners' Rating Scales (Parent and Teacher) – Revised (L)
The Piers-Harris Children's Self-Concept Scale
Reynold's Adolescent Depression Scale
Student Interview
Teacher Consultation
Review of Records

TEACHER CONSULTATION:

Jason's Spanish teacher reports that Jason is passing his course with supplemental assistance. When tests or class work require prolonged writing, he allows Jason to do his work orally. Often times, Jason looks like he is paying attention, but when called upon to answer a question, he is lost. In class he is quiet and does not volunteer to answer questions.

Socially, Jason has very little interaction with his peers. He appears to have no friends in class, and when he does talk to peers, he seems to rub them the wrong way. Jason is always respectful and polite to his teacher.

STUDENT INTERVIEW:

Observations of Jason occurred during the testing session, which lasted approximately two hours. During the assessment, Jason was cooperative, friendly, and motivated to do well. Good eye contact was established and he readily engaged in conversation. Excessive blinking was observed. Jason seemed comfortable in the one-on-one setting and he conversed easily with the examiner.

Jason shared that he lives with his parents and two younger brothers, Matthew who is 9 years old and Michael who is almost 3. He is close to both his parents, but if he had a problem he would go to his mother first, because his father is not around as much. He gets along well with his brother Michael, but does not get along with Matthew at all.

Jason reports that he has been having difficulties in school and that he cannot concentrate because of the things that have been happening to him. When asked what was happening, he replied "the kids assault me because they think they can get away with it, because that is the message the principal is sending." He relates that different kids have shoved him around, split his lip, and sprained his wrist.

Jason feels that he needs help with all of his subjects, but especially with prolonged writing assignments. He does not have a best subject this year, but his least preferred is History. Future goals include going to college to become a cardiographic surgeon. Eventually, he would like to run for borough council and become mayor of Manville.

When asked to describe himself, Jason was not able to come up with any specific answer, except that he was small. However, throughout the interview he described himself as the type of person "who tells when people are doing something wrong. Like going to the Board meeting and bringing up a problem." He is not "the type of person to start trouble, but will tell if there is a problem." When asked about his self-esteem he said that he was feeling badly about himself. He stated that "I don't have any friends, so I can't do anything. All my friends are older (adults)." He did have one friend, but he is now distancing himself from Jason because he does not like the way Jason is handling his problems.

Jason feels that he is in a good mood most of the time. His interests include doing volunteer work for the Somerset Hospital Emergency Room, being a junior fireman, playing video games, cooking, watching the Discovery Channel, watching James Bond movies, and riding his bike. Jason is also involved in the Police Explorers program run out of Hillsborough.

During the structured portion of the assessment Jason was cooperative and persisted on difficult items. At times he was unsure of himself and asked for clarification.

Overall, Jason was pleasant and cooperative during the assessment. He responded positively to verbal praise and seemed to feel comfortable in the one-on-one situation.

TEST RESULTS AND DISCUSSION:

Assessment of Jason on the Wechsler Intelligence Scale for Children - Third Edition indicates that he is functioning within the "Average" range of measured intelligence. He achieved a Verbal Score of 110 (75th percentile), a Performance Score of 94 (34th percentile), and a Full Scale Score of 102 ± 6 (55th percentile). A profile of his performance appears below. Scores range from 1 to 19 and have a mean of 10.

| <u>VERBAL</u> | <u>PERFORMANCE</u> |
|---------------------|--------------------|
| Information | 13 |
| Similarities | 12 |
| Arithmetic | 8 |
| Vocabulary | 12 |
| Comprehension | 13 |
| Digit Span | (6) |
| Picture Completion | 12 |
| Coding | 5 |
| Picture Arrangement | 10 |
| Block Design | 14 |
| Object Assembly | 4 |

Analysis of Jason's performance on the Wechsler Intelligence Scale for Children - Third Edition yields the following impressions:

- 1. Jason's verbal abilities ranged from above average to below average. Non-verbal or performance abilities ranged from above average to far below average. There is a 16-point difference between verbal and performance abilities, with verbal abilities being better developed. This difference is statistically significant and indicates uneven cognitive abilities. This may be a source of

frustration for Jason.

2. Within the verbal domain, abstract and concrete reasoning abilities, facility in mental arithmetic, and word knowledge or vocabulary are all skills within the average range of ability. Range of factual knowledge about the world and social judgment and common sense are above average skills for Jason.

A relative weakness for Jason was his short-term auditory memory. When asked to recite digits, both forwards and backwards, Jason performed in the below average range of abilities. This task involves rote memory, attention and concentration.

3. Within the non-verbal or performance domain, visual recognition or the identification of familiar objects and visual sequencing are skills within the average range of ability. Jason performed in the above average range on a task which measures non-verbal reasoning and spatial visualization.

Relative weaknesses for Jason include his psychomotor speed and the ability to synthesize concrete parts into meaningful wholes.

When asked to pair symbols with numbers using paper and pencil, Jason performed in the below average range of ability. This task provides information about the student's speed and accuracy of eye-hand coordination, short-term memory, and attentional skills.

Jason performed in the far below average range when asked to assemble jigsaw puzzle pieces to form common objects. Performance is influenced by the student's ability to visualize a whole from its parts, organizational abilities, sense of spatial relations and visual-motor coordination.

Jason received a score of 38 on the Reynold's Adolescent Depression Scale (RADS). This scale is a self-report measure of depressive symptomatology for adolescents ages 13 through 18. An adolescent who scores at or above 77 on the RADS should be identified for further evaluation aimed at diagnosing potential significant psychopathology. Jason's total score of 38 is not considered significant at this time.

On the Piers-Harris Children's Self-Concept Scales, a brief self-report measure designed to aid in the assessment of self-concepts in children and adolescents, Jason attained a total T Score of 56, which was within the average range. However, he scored much lower on the Popularity subscale. Low scores on this scale may reflect shyness, lack of interpersonal skills or personality traits which tend to isolate the child from others.

Conner's Rating Scales, which are a screening tool used in the assessment of attention-deficit/hyperactive disorder and related problem behavior in children and adolescents, were given to and completed by Jason's Spanish teacher and his mother. These scales assess a child's behavior patterns and compare them to levels of behavior patterns in an appropriate normative group. Parent and teacher responses are in agreement that Jason shows atypical responses, which indicate a significant problem in the area of Social Problems. This type of profile indicates problematic functioning in the area of interpersonal relations. Individuals with this type of profile are likely to perceive that they have few friends, have low self-esteem and self-confidence, and feel emotionally distant from their peers. Parent and teacher are also in agreement that Jason may have a possible significant problem with attention. They both scored a T-score of 65 on the Conners' ADHD Index. This subscale identifies children at risk for ADHD (See attached Summary Sheet for areas that may be of additional concern.)

Overall, Jason was pleasant and cooperative during the assessment.

SUMMARY:

Jason was referred to the child study team for a comprehensive evaluation due to parent concerns regarding Jason's difficulties with concentration, peer relations, and performance assignments.

Cognitive assessment places Jason within the "Average" range of measured intelligence. Jason abilities ranged from above average to below average. Non-verbal or performance abilities ran above average to far below average. There is a 16-point difference between verbal and performance abilities, with verbal abilities being better developed. This difference is statistically significant indicates uneven cognitive abilities. This may be a source of frustration for Jason.

Overall, Jason was pleasant and cooperative during the assessment.

Jeanne LoPiano
Jeanne LoPiano - School Psychologist

Jason Zangara

SUMMARY SHEET - CONNER'S RATING SCALES - REVISED

The Conners' Rating Scales are used to assess a child's behavior patterns and compare them to levels of appropriate normative groups. They are considered to be used as one source of information and other factors should not be ruled out. The information provided may be used as "one" factor in diagnosing behavior patterns and/or used to determine remediation. These results should be viewed with caution.

T scores have a mean average of 50 and standard deviation of 10. In general, higher T-scores are associated with a greater number and/or frequency of reported problems. T-scores of 65 and above are usually taken to indicate a significant problem.

| | Parent (T-score) | Teacher (T-score) |
|-------------------------------|------------------|-------------------|
| Oppositional | 66 | 54 |
| Cognitive Problems | 64 | 68 |
| Hyperactivity | 60 | 55 |
| Anxious-Shy | 58 | 87 |
| Perfectionism | 62 | 69 |
| Social Problems | 87 | 85 |
| Psychosomatic | 43 | - |
| Conner's ADHD Index | 65 | 65 |
| CGI Restless-Impulsive | 72 | 64 |
| CGI Emotional Lability | 49 | 57 |
| CGI Total | 67 | 62 |
| DSM IV: Inattentive | 57 | 69 |
| DSM IV: Hyperactive-Impulsive | 68 | 53 |
| DSM-IV: Total | 62 | 63 |

Oppositional: Are likely to break rules, have problems with authority, are easily annoyed.

Cognitive Problems: Learn more slowly, have organizational problems, have difficulty completing tasks, have concentration problems.

Hyperactive-Impulsive: Have difficulty sitting still or remaining at the same task for very long, feel restless and impulsive.

Anxious-Shy: Have atypical amount of worries and fears; prone to be emotional and sensitive to criticism, anxious in unfamiliar situations, are shy and withdrawn.

Perfectionism: Set high goals for themselves, are very fastidious about the way they do things, are obsessive about their work.

Social Problems: Are likely to perceive that they have few friends, have low self-esteem and self-confidence, feel emotionally distant from their peers.

Psychosomatic: Report atypical amount of aches and pains.

Conners' ADHD Index: Identifies children "at risk" for ADHD

CGI Restless-Impulsive: This subscale indicates restlessness, impulsivity, and inattentiveness.

CGI Emotional Lability: Individual with high scores on this subscale are prone to more emotional responses/behaviors (crying, anger, etc.) than is typical.

CGI Total: The CGI Score reflects general problematic behavior. High scores tend to indicate hyperactivity, but often the problems are broader than this.

DSM-IV : Inattentive: High scores indicate an above average correspondence with the DSM-IV diagnostic criteria for Inattentive type ADHD.

DSM-IV Hyperactive-Impulsive: High scores indicate an above average correspondence with the DSM-IV diagnostic criteria for Hyperactive-Impulsive type ADHD

DSM-IV Total: High scores indicate an above average correspondence to DSM-IV criteria for combined Inattention and Hyperactive-Impulsive type ADHD.

| <u>T-Score</u> | <u>Percentile</u> | <u>Guideline</u> |
|----------------|-------------------|--|
| 70+ | 98+ | Markedly Atypical (Indicates Significant Problem) |
| 66-70 | 95-98 | Moderately Atypical (Indicates Significant Problem) |
| 61-65 | 86-94 | Mildly Atypical (Possible Significant Problem) |
| 56-60 | 74-85 | Slightly Atypical (Borderline. Should raise concern) |
| 45-55 | 27-73 | Average (Typical Score. Should not raise concern) |
| 40-44 | 16-26 | Slightly Atypical (Low scores are good. Not a concern) |
| 35-39 | 6-15 | Mildly Atypical (Low scores are good. Not a concern) |
| 30-34 | 2-5 | Moderately Atypical (Low scores are good. Not a concern) |
| <30 | <2 | Markedly Atypical (Low scores are good. Not a concern) |

Educational Evaluation

Name: Jason Zangara
Address: 24 South 8th Ave.
School: MHS
Evaluated: 1-4-01

Birthdate: 3-28-86
Age: 14
Grade: 9
By: N. Persing

Reason for Referral

Jason was referred for child study team evaluation due to teacher and parent concern regarding difficulty concentrating, difficulty with peer relationships, and written communication weaknesses.

Sources of Information

Review of Records

Teacher Interview and Questionnaires

Student Interview

English Portfolio

Standardized Tests Administered:

Woodcock-Johnson Psycho-Educational Battery - Revised

Tests of Achievement

Test of Written Spelling - Fourth Edition

Educational Information

Jason has attended Manville Public Schools since kindergarten. He was diagnosed with Attention Deficit Hyperactivity Disorder in the second grade and took Ritalin through grade eight. Jason's grades became an area of concern in seventh grade and improved in grade 8. In March 2000, Jason received proficient scores in language arts literacy, math, and science on the GEPA. Currently he is a ninth grader at Manville High School. Interim grades for second marking period include an A in Physical Education, a B- in Spanish, C's in Physical Science and Art I, a C- in English, and F's in World History and Algebra I.

Interventions that have been attempted in class include the offer of extra help, one-on-one instruction, preferential seating, extended deadlines, emphasis on oral rather than written work, extra help before tests, allowing the retake of tests, and checking Jason's progress during classwork. In addition, Jason has been encouraged to use a homework pad and receive weekly progress reports, but has not followed through with these interventions. He receives counseling with the Student Assistance Counselor. Jason has permission to leave classes five minutes early to alleviate peer confrontations in the hallway.

Teacher Comments

Jason's teachers generally describe his attention span as short. He tends to interact very little with his peers. In Algebra I, Jason often sits and stares. He will only talk when asked a question and then will answer reluctantly. Jason is currently failing. He appears unmotivated and disorganized. Jason has several late and missing assignments and quizzes.

In art, Jason tends to be talkative. It appears difficult for him to focus and complete his work. Jason rarely participates in question and answer sessions. He does not appear to be well motivated. He has several unfinished assignments. This marking period, Jason completed only one of six homework assignments. He often questions and corrects his teacher. When in stressful situations, Jason tends to withdraw and isolate himself. He has difficulty with creativity and brainstorming.

In English, Jason is good about completing homework assignments and has a positive relationship with his teacher.

Jason's achievement is described as average in physical science. He is missing 2 homework assignments thus marking period. Jason frequently questions his teacher.

In Spanish, Jason tends to be quiet and consistently follows rules. He does not volunteer to participate in class, but will answer when called on. With supplemental help, Jason is able to do B/C work. He does not appear to be highly motivated. Homework completion is described as fair. He is respectful and polite to his teacher.

Jason's behavior, homework completion and relationship with teacher are described as good in World History. Motivation and participation are described as fair. Jason frequently does not finish his work and has not yet handed in all of his previously due work.

Test Observations and Interview

Jason was cooperative throughout the evaluation session and appeared to put forth good effort. He was able to remain task focused for the duration of the test. Jason was able to appropriately follow orally presented directions and asked for clarification when needed. When faced with difficult questions, Jason tended not to persevere and appeared hesitant to take risks. He frequently responded "I don't know" or "I have no idea". Jason did appear to get frustrated with difficult items. Excessive eye blinking was observed.

Jason initiated appropriate conversation with the examiner. He stated that he is finding school very difficult this year particularly in the area of writing. Jason stated that he finds it difficult to generate 8-10 sentences of details on given topics. He finds art to be his easiest and favorite subject. Jason's least favorite subject is history. He feels that Spanish is his most difficult subject. Jason stated that he tends to complete his homework in class. He feels he learns best when he works individually with the teacher and the teacher explains things carefully. Jason is involved in several community activities including hospital volunteer, junior firefighter, and police explorers. This summer, he plans to tour Europe as a People to People Ambassador. In his free time, Jason enjoys bike riding, video games, and watching movies. After high school, he hopes to go to college, attend medical school, and become a cardiographic surgeon.

Assessment Results

| | <u>Standard Score</u> (mean=100, standard deviation=15) |
|---|--|
| Woodcock-Johnson Psycho-Educational Battery - Revised | |
| Word Identification | 96 |
| Passage Comprehension | 99 |
| Broad Reading | 97 |
| Dictation | 79 |
| Writing Samples | 87 |
| Proofing | 79 |
| Broad Written Language | 83 |
| Basic Writing Skills | 77 |
| Calculation | 83 |
| Applied Problems | 99 |
| Broad Math | 91 |
| Test of Written Spelling - Fourth Edition | 78 |

Assessment Discussion

Jason scored within the average range in the area of reading when compared to other students his age. When given a list of words to identify, he attempted to sound out unknown words. Jason occasionally substituted words, i.e. "banquet" for "bouquet" and "apparatus" for "apprentice". When asked to supply the missing word in a passage, Jason demonstrated the ability to use context clues effectively. He initially read passages silently and frequently reread passages orally before responding.

When asked to write sentences according to given directions, Jason scored within the low average range. He tended to write complete sentences with correct capitalization although he occasionally deleted ending punctuation. Sentences tended to lack sufficient detail. Spelling errors were noted, i.e. "oping" for "opening", "thay" for "they", and "lag" for "leg". Basic writing skills which include knowledge of punctuation, capitalization, spelling, word usage and the ability to detect and correct errors in written passages were measured within the low range. Jason scored at the 7th percentile on a test of spelling.

Writing samples from English class indicate that Jason does not use a correct essay format for writing assignments, i.e. introduction, body, conclusion. His introduction tends to be one sentence and his conclusion is frequently omitted. Jason has difficulty with paragraph boundaries and frequently does not indent the first word in a paragraph. He does not consistently capitalize proper nouns or the first word in a sentence. Although Jason does include sufficient details in some essays, he needs to do so on a consistent basis. Spelling errors include "mounth" for "month", "hire" for "here", "opion" for "opinion", "hasen't" for "hasn't", "atpiing" for "attempting", "rember" for "remember", "perpare" for "prepare" and "shcool" for "school". Jason's cursive handwriting can be difficult to read.

Jason scored at the low end of the average range in math. He scored higher when asked to solve practical problems in math than he did on a test of calculation. Jason was able to solve multiple digit addition, subtraction, and multiplication problems, but did not attempt long division problems. He missed a sign on one addition problem. Jason successfully added decimal numbers, added and subtracted fractions with common denominators, and solved one simple algebraic equation. He had difficulty simplifying fractions, finding common denominators, multiplying decimal numbers and solving problems with positive and negative numbers. When asked to solve practical problems in math, Jason was generally able to determine the information and operation required to solve the problems. He successfully solved problems requiring multiple steps. Jason was not able to solve problems involving percentages.

Summary

Jason was referred for child study team evaluation due to difficulty concentrating, difficulty with peer relationships, and written communication weaknesses. He was diagnosed with Attention Deficit Hyperactivity Disorder in second grade and is no longer taking medication. Jason is currently in the ninth grade. Second marking period interim report grades include F's in World History and Algebra I. Relevant behavior that impacts on academic performance includes a short attention span, disorganization, limited participation in class, and inconsistent homework and classwork completion.

Jason was cooperative throughout the testing session and appeared to put forth good effort. He was able to remain task focused during this individualized testing session. Assessment results indicate average performance in the area of reading. Jason scored at the low end of the average range in math. Basic writing skills which were measured within the low range were identified as an area of relative weakness. Spelling was measured at the 7th percentile. Writing samples from class indicate that

Jason would benefit from consistently using a correct essay format and adding specific details to his writing.

Nancy Peeling
Nancy Peeling, LDT-C
1-18-01

**MANVILLE PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
MANVILLE, NEW JERSEY**

Social Assessment

Name: Jason Zangara
Address: 24 S. 8th Ave
Manville, NJ
Home phone number: 526-5568
Work phone number:
Interview Date: 1-4-01
Report By: Alice Kelly

Birth Date: 3-28-86
Age: 14
School: Manville High
Grade: 9
Teacher:
Counselor: Mrs. Drabik
Date of Report: 1-10-01

Reason for interview: Teacher and parent concerns about Jason's difficulty concentrating, peer relations and inconsistent performance with written work. The interview was with Mrs. Zangara at her home

Information Sources.

Parent Interview
Review of Pupil Records

Student Observation
Teacher Comments

Interview Summary

Family: Mother, Mary Ellen Day Zangara (BD 7-17-62), age 38, went to a local elementary parochial school and she then graduated from Manville High. The mother initially attended the Rhode Island School of Photography but then transferred to Middlesex County College. She holds an Associate's Degree in Applied Sciences. Mrs. Zangara is self-employed and does work for the Manville News.

Father Andrew Zangara (BD 9-2-62), age 38, attended the public schools and graduated from the local high school. Mr. Zangara is short one class to finish a degree from Rutgers in the computer science field. He does vehicle maintenance work for Somerset County.

The parents married in 1985. They are both in good health. There is a paternal family history of Attention Deficit Hyperactivity Disorder.

Jason is the oldest of three boys. Matthew (BD 8-15-91), age 7, is a fourth grader at Roosevelt School. Previously, Matthew took medication for attention problems. The youngest child is Michael (BD 1-4-98), age 2 1/2.

Prenatal, Natal, Postnatal Developmental Histories: Mrs. Zangara reported that during the eighth month of pregnancy she developed gestational diabetes. She carried to full term, but the position of the fetus required delivery by cesarean section.

Jason was born at Somerset Hospital weighing 8lb. 2 1/2 oz. He was slightly jaundiced but he responded favorably to light treatment. Jason was released from the hospital on time. There were no postnatal problems.

Jason was bottle fed and weaned to a cup before the age of one. He was described as a good baby who ate and slept well.

Developmental milestones were reported as occurring at age appropriate times. Jason sat at four months, he crawled at the same time, and he walked alone just after his first birthday. Single words were used at seven months and phrases by eighteen months. Jason was able to dress himself by the start of school, though he had difficulty learning to tie his shoes. Gross motor skills were age appropriate.

Jason is right handed and does not alternate hand use. Gross motor skills appear to be adequate. There is a weakness in the area of fine motor skills, as exhibited by his poor handwriting.

Jason shares a bedroom with his brother Matthew. There was no report of any sleep disturbance. He was described as a picky eater.

The mother reported, and it has been observed that Jason excessively blinks his eyes. Mrs. Zangara feels the blinking is present when Jason is under stress.

Health History: Jason's general health is good. He has not experienced any serious illness, injury or need for hospitalization.

To date of the childhood diseases, Jason has had the chicken pox. A recent eye examination, with Dr. Faigenbaum of Somerville, was negative. Dr. Lapkin of the Somerset Pediatric Group is the family pediatrician.

During second grade, Jason's teacher expressed concern about his ability to remain focused. He was medically diagnosed with Attention Deficit Hyperactivity Disorder and was placed on 5 mgs. of Ritalin twice a day. He continued on the medication, with one increase to 10 mgs. twice a day, until June, 2000. At that time the medication did not seem to be having a positive effect on Jason's attention. Due to his low body weight the doctor was not willing to increase the dosage.

The parents do not want to explore another medication and feel Jason has to develop other strategies to deal with this problem. Apparently, the brother Matthew has responded favorably to being removed from the medication.

Social Emotional Adaptive Development: Jason was described as a happy, friendly boy who always has to be doing something. Peer relations are strained because Jason has become the target of verbal and physical attacks at school and in the community.

Socially, Jason would prefer to spend time with adults and enjoys activities with his mother. Jason does not share the same interests as his peers. One teacher described Jason as having delayed social development.

Mrs. Zangara feels peers are jealous of the positive rewards that Jason has received to recognize his volunteer work. The mother reports that Jason has had his head pushed into a desk, been slammed into a locker, had further injury to a bad knee and most recently sustained a wrist injury when a student twisted his arm. Jason had been close to a neighborhood boy but that student now attends Vo-Tech full-time.

Jason is seeing the Student Assistance Counselor to develop ways to deal with his peers and to improve his academic performance. There is a buddy system in each of Jason's courses, so that he has one positive relationship in each class. To reduce peer interaction in the unstructured hallway setting, Jason is allowed to leave classes five minutes early. At lunch he chooses to sit with one of the teachers on duty. The parents feel that some teachers have not helped Jason's situation, because there has not been swift and adequate discipline.

Jason is involved with scouting, a volunteer at the hospital, and a member of the junior firemen. Due to a knee injury, he has not been able to participate on the school's wrestling team. He is a member of the Student Council and president of the Freshman Class. For quiet time activity Jason enjoys Nintendos and has developed an interest in James Bond movies.

During the aftermath of hurricane Floyd, Jason was an active volunteer. He was recognized as a McDonald's Millennium Star and received a free trip to Florida. Jason has also been honored as hospital volunteer of the month. Summer 2001, Jason will go to Europe as part of the People to People Program, a goodwill exchange program. The student and their family are responsible for the financial cost to participate.

For household chores Jason is expected to clean the bathroom, take out the garbage and he enjoys helping with cooking. He needs minimal reminding to complete tasks.

Mrs. Zangara indicated that she and her husband came from very different home environments but they always put forth a united front when disciplining the children. Jason is not a behavior problem. A verbal reprimand usually corrects any inappropriate behavior. If more discipline is necessary, Jason will be denied something special, such as going to the maternal grandparents for the weekend.

Adaptive skills were reported to be age appropriate. Jason is good about his personal hygiene. He can prepare meals for himself. Jason is left at home to care for his younger brother and he can go about town on his own.

Family relations appear to be good. Jason shares most concerns with his mother. He enjoys spending time with his maternal grandparents. Mr. Zangara takes the boys camping. Jason and Matt tend

to have disagreements so they are never left home alone. Jason is helpful with Mike and enjoys his infant female cousin who is cared for by Mrs. Zangara.

Schooling: Jason attended library hour but did not have a formal preschool experience. He entered kindergarten at Weston School in September, 1991. There was no report of any separation or adjustment problems. It was during second grade that the teacher expressed concern about Jason's attention and his ability to copy from the board. He was medically diagnosed with Attention Deficit Hyperactivity Disorder.

Throughout his schooling teachers have noted that Jason has a spelling problem. Handwriting and organizational skills have been described as weak. His grades began to decline in seventh grade. Jason's academic performance improved during eighth grade.

This year, 2000-01, as a ninth grader, Jason's grades have been poor in English, World History and Algebra I. He seems disorganized and has not followed through using a homework pad or completing the weekly progress report. Teachers indicate that homework completion and Jason's performance on tests are not consistent.

Student Observation 1-9-01: Jason was observed during his physical education class. He was in a group of nine males and one female playing basketball. He appeared as a nice looking, small in stature boy wearing a green colored shirt, black sweat pants, and sneakers.

He was not an aggressive player but did participate. A friend, Nick, would pass him the ball so he would have a chance to shoot. There was no physical aggression towards Jason. It was not possible to hear if there were threatening verbal comments being made during the game.

The teacher reported that Jason has weak skills but that he always tries his best. During class the teacher has not observed any peer problems. When in the locker room he is closely supervised to prevent any altercations. It should be noted that after this observer left the area, Jason was reportedly hurt by a student. Jason does not want to return to Manville High unless he can be assured that he will not be harassed and the offenders are adequately disciplined.

During an informal observation, Jason was in the main office waiting to see the principal, apparently to report a physical assault. He blinked his eyes frequently and was talking to himself; the comments could not be heard but it was felt that he was rehearsing what he planned to say. On another occasion he was seen in the office, in a calmer state, and no blinking or vocalizations were noted.

Summary: Jason is a ninth grader with a history of Attention Deficit Hyperactivity Disorder, poor spelling, and weak writing and organizational skills. Another area of concern is his peer relations that makes the school environment unpleasant for him and keeps him from focusing on his school responsibilities. Jason has been assaulted at school. Jason has been working with the Student Assistance Counselor. At this time he is no longer willing to attend Manville High School.

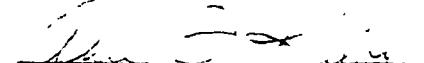
During the eighth month of pregnancy the mother experienced gestational diabetes. Jason was delivered by cesarean section and there were no postnatal problems. Most developmental milestones were achieved at appropriate ages, with the exception of some fine motor skills.

The health history revealed that at the age of seven, Jason was diagnosed with ADHD. He took medication until the end of eighth grade when it no longer seemed beneficial. Reportedly, his body weight was too low to increase the dosage.

Jason exhibits a tic, or nervous behavior of blinking his eyes. Mother reported that the tic appears to be stress related.

Adaptive skills are age appropriate. Social skills are appropriate for adult interaction but Jason has problems relating to peers. Mrs. Zangara feels that some students are jealous of the recognition Jason has received for his community volunteer work.

Jason resides with his parents and two younger brothers. Due to concerns about Jason's academic progress and assimilation into the high school setting, this family is under much stress. Patterns of family interaction need to be explored further to help this young man deal with the normal progression of adolescent development.



Alice Keck School Social Worker

MANVILLE PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
MANVILLE, NEW JERSEY

PSYCHOLOGICAL EVALUATION

| | | | |
|-----------------|---------------------------------|-------------|-----------------|
| Name: | Jason Zangara | Birth Date: | 3-28-86 |
| Address: | 24 South 8 th Avenue | Age: | 14-0 |
| Evaluated: | 1-16-01 | School: | MHS |
| Date of Report: | 1-17-01 | Grade: | 9 th |
| By: | J. LoPiano | | |

REASON FOR REFERRAL:

Jason was referred to the child study team for a comprehensive evaluation due to parent and teacher concerns regarding Jason's difficulties with concentration, peer relations, and performance with written assignments.

TESTS ADMINISTERED AND DATA SOURCES:

Wechsler Intelligence Scale for Children - Third Edition
Conners' Rating Scales (Parent and Teacher) - Revised (L)
The Piers-Harris Children's Self-Concept Scale
Reynold's Adolescent Depression Scale
Student Interview
Teacher Consultation
Review of Records

TEACHER CONSULTATION:

Jason's Spanish teacher reports that Jason is passing his course with supplemental assistance. When tests or class work require prolonged writing, he allows Jason to do his work orally. Often times, Jason looks like he is paying attention, but when called upon to answer a question, he is lost. In class he is quiet and does not volunteer to answer questions.

Socially, Jason has very little interaction with his peers. He appears to have no friends in class, and when he does talk to peers, he seems to rub them the wrong way. Jason is always respectful and polite to his teacher.

STUDENT INTERVIEW:

Observations of Jason occurred during the testing session, which lasted approximately two hours. During the assessment, Jason was cooperative, friendly, and motivated to do well. Good eye contact was established and he readily engaged in conversation. Excessive blinking was observed. Jason seemed comfortable in the one-on-one setting and he conversed easily with the examiner.

Jason shared that he lives with his parents and two younger brothers, Matthew who is 4 years old and Michael who is almost 3. He is close to both his parents, but if he had a problem he would go to his mother first, because his father is not around as much. He gets along well with his brother Michael, but does not get along with Matthew at all.

Jason reports that he has been having difficulties in school and that he cannot concentrate because of the things that have been happening to him. When asked what was happening, he replied "the kids assault me because they think they can get away with it, because that is the message the principal is sending." He relates that different kids have shoved him around, split his lip, and sprained his wrist.

Jason feels that he needs help with all of his subjects, but especially with prolonged writing assignments. He does not have a best subject this year, but his least preferred is History. Future goals include going to college to become a cardiographic surgeon. Eventually, he would like to run for borough council and become mayor of Manville.

When asked to describe himself, Jason was not able to come up with any specific answer, except that he was small. However, throughout the interview he described himself as the type of person "who tells when people are doing something wrong. Like going to the Board meeting and bringing up a problem." He is not "the type of person to start trouble, but will tell if there is a problem." When asked about his self-esteem he said that he was feeling badly about himself. He stated that "I don't have any friends, so I can't do anything. All my friends are older (adults)." He did have one friend, but he is now distancing himself from Jason because he does not like the way Jason is handling his problems.

Jason feels that he is in a good mood most of the time. His interests include doing volunteer work for the Somerset Hospital Emergency Room, being a junior fireman, playing video games, cooking, watching the Discovery Channel, watching James Bond movies, and riding his bike. Jason is also involved in the Police Explorers program run out of Hillsborough.

During the structured portion of the assessment Jason was cooperative and persisted on difficult items. At times he was unsure of himself and asked for clarification.

Overall, Jason was pleasant and cooperative during the assessment. He responded positively to verbal praise and seemed to feel comfortable in the one-on-one situation.

TEST RESULTS AND DISCUSSION:

Assessment of Jason on the Wechsler Intelligence Scale for Children - Third Edition indicates that he is functioning within the "Average" range of measured intelligence. He achieved a Verbal Score of 107 (75th percentile), a Performance Score of 94 (34th percentile), and a Full Scale Score of 102 ± 0 (55th percentile). A profile of his performance appears below. Scores range from 1 to 19 and have a mean of 10.

| <u>VERBAL</u> | <u>PERFORMANCE</u> |
|---------------------|--------------------|
| Information | 13 |
| Similarities | 12 |
| Arithmetic | 8 |
| Vocabulary | 12 |
| Comprehension | 13 |
| Digit Span | 16 |
| Picture Completion | 2 |
| Coding | 4 |
| Picture Arrangement | 0 |
| Block Design | 4 |
| Object Assembly | 4 |

Analysis of Jason's performance on the Wechsler Intelligence Scale for Children - Third Edition yields the following impressions:

... Jason's verbal abilities ranged from above average to below average. Non-verbal or performance abilities ranged from above average to far below average. There is a 16-point difference between verbal and performance abilities, with verbal abilities being better developed. This difference is statistically significant and indicates uneven cognitive abilities. This may be a source of

frustration for Jason

2. Within the verbal domain, abstract and concrete reasoning abilities, facility in mental arithmetic, and word knowledge or vocabulary are all skills within the average range of ability. Range of factual knowledge about the world and social judgment and common sense are above average skills for Jason.

A relative weakness for Jason was his short-term auditory memory. When asked to recite digits, both forwards and backwards, Jason performed in the below average range of abilities. This task involves rote memory, attention and concentration.

3. Within the non-verbal or performance domain, visual recognition or the identification of familiar objects and visual sequencing are skills within the average range of ability. Jason performed in the above average range on a task which measures non-verbal reasoning and spatial visualization.

Relative weaknesses for Jason include his psychomotor speed and the ability to synthesize concrete parts into meaningful wholes.

When asked to pair symbols with numbers using paper and pencil, Jason performed in the below average range of ability. This task provides information about the student's speed and accuracy of eye-hand coordination, short-term memory, and attentional skills.

Jason performed in the far below average range when asked to assemble jigsaw puzzle pieces to form common objects. Performance is influenced by the student's ability to visualize a whole from its parts, organizational abilities, sense of spatial relations and visual-motor coordination.

Jason received a score of 38 on the Reynold's Adolescent Depression Scale (RADS). This scale is a self-report measure of depressive symptomatology for adolescents ages 13 through 18. An adolescent who scores at or above 77 on the RADS should be identified for further evaluation aimed at diagnosing potential significant psychopathology. Jason's total score of 38 is not considered significant at this time.

On the Piers-Harris Children's Self-Concept Scales, a brief self-report measure designed to aid in the assessment of self-concepts in children and adolescents, Jason attained a total T Score of 56, which was within the average range. However, he scored much lower on the Popularity subscale. Low scores on this scale may reflect shyness, lack of interpersonal skills or personality traits which tend to isolate the child from others.

Conner's Rating Scales, which are a screening tool used in the assessment of attention-deficit/hyperactive disorder and related problem behavior in children and adolescents, were given to and completed by Jason's Spanish teacher and his mother. These scales assess a child's behavior patterns and compare them to levels of behavior patterns in an appropriate normative group. Parent and teacher responses are in agreement that Jason shows atypical responses, which indicate a significant problem in the area of Social Problems. This type of profile indicates problematic functioning in the area of interpersonal relations. Individuals with this type of profile are likely to perceive that they have few friends, have low self-esteem and self-confidence, and feel emotionally distant from their peers. Parent and teacher are also in agreement that Jason may have a possible significant problem with attention. They both scored a T-score of 65 on the Conners' ADHD index. This subscale identifies children at risk for ADHD. (See attached Summary Sheet for areas that may be of additional concern.)

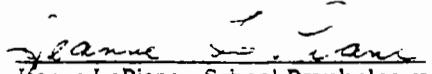
Overall, Jason was pleasant and cooperative during the assessment.

SUMMARY

Jason was referred to the child study team for a comprehensive evaluation due to parent and teacher concerns regarding Jason's difficulties with concentration, peer relations, and performance with written assignments.

Cognitive assessment places Jason within the "Average" range of measured intelligence. Jason's verbal abilities ranged from above average to below average. Non-verbal or performance abilities ranged from above average to far below average. There is a 16-point difference between verbal and performance abilities, with verbal abilities being better developed. This difference is statistically significant and indicates uneven cognitive abilities. This may be a source of frustration for Jason.

Overall, Jason was pleasant and cooperative during the assessment.


Jeanne LoPiano - School Psychologist

Jason Zangara

SUMMARY SHEET - CONNER'S RATING SCALES - REVISED

The Conners' Rating Scales are used to assess a child's behavior patterns and compare them to levels of appropriate normative groups. They are considered to be used as one source of information and other factors should not be ruled out. The information provided may be used as "one" factor in diagnosing behavior patterns and/or used to determine remediation. These results should be viewed with caution.

T-scores have a mean average of 50 and standard deviation of 10. In general, higher T-scores are associated with a greater number and/or frequency of reported problems. T-scores of 65 and above are usually taken to indicate a significant problem.

| | Parent (T-score) | Teacher (T-score) |
|-----------------------------------|------------------|-------------------|
| Oppositional: | 66 | 54 |
| Cognitive Problems | 64 | 68 |
| Hyperactivity | 60 | 55 |
| Anxious-Shy | 58 | 87 |
| Perfectionism | 62 | 69 |
| Social Problems | 87 | 85 |
| Psychosomatic | 43 | - |
| Conner's ADHD Index | 65 | 65 |
| CGI Restless-Impulsive | 72 | 64 |
| CGI Emotional Lability | 49 | 57 |
| CGI Total: | 67 | 62 |
| DSM IV: Inattentive | 57 | 69 |
| DSM IV: Hyperactive- Impulsive | 68 | 53 |
| DSM-IV Total: | 62 | 63 |

Oppositional: Are likely to break rules, have problems with authority, are easily annoyed.

Cognitive Problems: Learn more slowly, have organizational problems, have difficulty completing tasks, have concentration problems.

Hyperactive-Impulsive: Have difficulty sitting still or remaining at the same task for very long, feel restless and impulsive.

Anxious-Shy: Have atypical amount of worries and fears; prone to be emotional, and sensitive to criticism, anxious in unfamiliar situations, are shy and withdrawn.

Perfectionism: Set high goals for themselves, are very fastidious about the way they do things, are obsessive about their work.

Social Problems: Are likely to perceive that they have few friends, have low self-esteem and self-confidence, feel emotionally distant from their peers.

Psychosomatic: Report atypical amount of aches and pains.

Conners' ADHD Index: Identifies children "at risk" for ADHD

CGI Restless-impulsive: This subscale indicates restlessness, impulsivity, and inattentiveness.

CGI Emotional Lability: Individual with high scores on this subscale are prone to more emotional responses/behaviors (crying, anger, etc.) than is typical.

CGI Total: The CGI Score reflects general problematic behavior. High scores tend to indicate hyperactivity, but often the problems are broader than this.

DSM-IV: Inattentive: High scores indicate an above average correspondence with the DSM-IV diagnostic criteria for Inattentive type ADHD.

DSM-IV Hyperactive-impulsive: High scores indicate an above average correspondence with the DSM-IV diagnostic criteria for Hyperactive-Impulsive type ADHD.

DSM-IV Total: High scores indicate an above average correspondence to DSM-IV criteria for combined Inattention and Hyperactive-Impulsive type ADHD.

Educational Evaluation

Name Jason Zangara
Address: 24 South 8th Ave.
School: MHS
Evaluated: 4-01

Birthdate 3-28-86
Age 14
Grade 9
By N Persing

Reason for Referral

Jason was referred for child study team evaluation due to teacher and parent concern regarding difficulty concentrating, difficulty with peer relationships, and written communication weaknesses.

Sources of Information

Review of Records

Teacher Interview and Questionnaires

Student Interview

English Portfolio

Standardized Tests Administered:

Woodcock-Johnson Psycho-Educational Battery - Revised

Tests of Achievement

Test of Written Spelling - Fourth Edition

Educational Information

Jason has attended Manville Public Schools since kindergarten. He was diagnosed with Attention Deficit Hyperactivity Disorder in the second grade and took Ritalin through grade eight. Jason's grades became an area of concern in seventh grade and improved in grade 8. In March 2000, Jason received proficient scores in language arts literacy, math, and science on the GEPA. Currently he is a ninth grader at Manville High School. Interim grades for second marking period include an A in Physical Education, a B- in Spanish, C's in Physical Science and Art I, a C- in English, and F's in World History and Algebra I.

Interventions that have been attempted in class include the offer of extra help, one-on-one instruction, preferential seating, extended deadlines, emphasis on oral rather than written work, extra help before tests, allowing the retake of tests, and checking Jason's progress during classwork. In addition, Jason has been encouraged to use a homework pad and receive weekly progress reports, but has not followed through with these interventions. He receives counseling with the Student Assistance Counselor. Jason has permission to leave classes five minutes early to alleviate peer confrontations in the hallway.

Teacher Comments

Jason's teachers generally describe his attention span as short. He tends to interact very little with his peers. In Algebra I, Jason often sits and stares. He will only talk when asked a question and then will answer reluctantly. Jason is currently failing. He appears unmotivated and disorganized. Jason has several late and missing assignments and quizzes.

In art, Jason tends to be talkative. It appears difficult for him to focus and complete his work. Jason rarely participates in question and answer sessions. He does not appear to be well motivated. He has several unfinished assignments. This marking period Jason completed only one of six homework assignments. He often questions and corrects his teacher. When in stressful situations, Jason tends to withdraw and isolate himself. He has difficulty with creativity and brainstorming.

In English, Jason is good about completing homework assignments and has a positive relationship with his teacher.

Jason's achievement is described as average in physical science. He is missing 2 homework assignments this marking period. Jason frequently questions his teacher.

In Spanish, Jason tends to be quiet and consistently follows rules. He does not volunteer to participate in class, but will answer when called on. With supplemental help, Jason is able to do B-/C work. He does not appear to be highly motivated. Homework completion is described as fair. He is respectful and polite to his teacher.

Jason's behavior, homework completion and relationship with teacher are described as good in World History. Motivation and participation are described as fair. Jason frequently does not finish his work and has not yet handed in all of his previously due work.

Test Observations and Interview

Jason was cooperative throughout the evaluation session and appeared to put forth good effort. He was able to remain task focused for the duration of the test. Jason was able to appropriately follow orally presented directions and asked for clarification when needed. When faced with difficult questions, Jason tended not to persevere and appeared hesitant to take risks. He frequently responded "I don't know" or "I have no idea". Jason did appear to get frustrated with difficult items. Excessive eye blinking was observed.

Jason initiated appropriate conversation with the examiner. He stated that he is finding school very difficult this year particularly in the area of writing. Jason stated that he finds it difficult to generate 8-10 sentences of details on given topics. He finds art to be his easiest and favorite subject. Jason's least favorite subject is history. He feels that Spanish is his most difficult subject. Jason stated that he tends to complete his homework in class. He feels he learns best when he works individually with the teacher and the teacher explains things carefully. Jason is involved in several community activities including hospital volunteer, junior firefighter, and police explorers. This summer, he plans to tour Europe as a People to People Ambassador. In his free time, Jason enjoys bike riding, video games, and watching movies. After high school, he hopes to go to college, attend medical school, and become a cardiographic surgeon.

Assessment Results

Standard Score

(mean=100, standard deviation=15)

Woodcock-Johnson Psycho-Educational Battery - Revised

| | |
|------------------------|----|
| Word Identification | 96 |
| Passage Comprehension | 99 |
| Broad Reading | 97 |
| Dictation | 79 |
| Writing Samples | 87 |
| Proofing | 79 |
| Broad Written Language | 83 |
| Basic Writing Skills | 77 |
| Calculation | 83 |
| Applied Problems | 99 |
| Broad Math | 91 |

| | |
|---|----|
| Test of Written Spelling - Fourth Edition | 78 |
|---|----|

Jason would benefit from consistently using a correct essay format and adding specific details to his writing.

Nancy Pennington
Nancy Pennington, LDT-C
7-18-01

ROBERT WOOD JOHNSON
UNIVERSITY MEDICAL GROUP
JMDN, ROBERT WOOD JOHNSON MEDICAL SCHOOL

- 732 235
732 235
732 235

Alice Kelly, CST Case Manager
Manville Public Schools
Department of Special Services
Roosevelt School
410 Brooks Boulevard
Manville, New Jersey 08835

INITIAL NEURODEVELOPMENTAL EVALUATION

NAME: ZANGARA, JASON
DATE OF BIRTH: 3/28/86
DATE OF VISIT: 2/8/2001
AGE: 14 YEARS 10 MONTHS

Dear Ms. Kelly

Thank you for referring Jason for a Neurodevelopmental evaluation. I saw him today accompanied by his mother and 2 ½ year old brother. Jason is undergoing a complete child study team evaluation because of concerns expressed by parents and teachers about his difficulties with concentration, peer relations, and performance of written assignments

Jason was diagnosed to have Attention Deficit Hyperactivity Disorder in the 2nd grade. He was started on Ritalin at the time and did extremely well. He continued to do well until about the 7th grade at which time the dosage of Ritalin was increased from the previous 5 mg twice a day to 10 mg twice a day. There were no improvements following this dose adjustment. He did a little better in 8th grade without any further changes in medication. Towards the end of 8th grade (June, 2000), it was felt that the Ritalin was no longer helping him. He was having difficulty concentrating and difficulty remaining organized despite being on Ritalin 10 mg twice a day. The dose could not be increased further because of his low body weight, and since the medication at that dosage was not being effective, it was discontinued. Jason started 9th grade without any Ritalin. His teachers observed his attention span to be short. In Algebra I, he reportedly would sit and stare. He did not participate very much in the class and would only talk when specifically asked a question.

CC: ZANGARA, JASON

DOV: 2/8/01

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He was described as being unmotivated and disorganized. He would either submit assignments late or not submit them at all. In Algebra I, he obtained an "F" in the last marking period. He reportedly obtained an "F" in World History II. He had a "C-" in English, "C's" in Physical Science and Art, "B-" in Spanish and "A" in Physical Education.

It is reported that several classroom interventions have been attempted. These include the offer of extra help, one-on-one instruction, preferential seating, extended deadlines, emphasis on oral rather than written work, extra help before tests, allowing the re-take of tests, and checking his progress during classwork.

Over the course of the past few months, Jason has also had increasing difficulties with his peers. He has reported 6 assaults against him since October 2000. He has reported having his head pushed into a desk, having been slammed into a locker, having been hit on the knee, and having had his arm twisted.

Jason reports feeling very scared to go to school and reports not being able to focus on his work for those reasons. In fact, he has not gone to school since January 9, 2001 because of concerns about his safety. Jason reports not knowing why he is the target of so much verbal and physical abuse. Parents feel that Jason is a target because of his mild mannered personality, lack of aggressive tendencies, lack of retaliation and because of his very many successes in extracurricular activities (he was recognized as a McDonald's Millennium Star, honored as hospital volunteer of the month).

It is reported that interventions have been attempted to help with the social situation. Jason sees the student assistance counselor. There is a buddy system in each of his courses so that he has at least one student that he can count on. He is also allowed to leave his classes 5 minutes early to reduce peer confrontations in the hallways. During lunchtime, he sits with one of his teachers.

In the past, Jason has never been formally diagnosed to have learning disabilities but he is known to have some spelling difficulties (he is a phonetic speller). Parents have also been aware of a mild level of a reading comprehension problem. They were never aware of any problems with written work but this was mentioned to them during the child study team evaluation.

One of the issues that needs to be addressed today is whether his attentional difficulties are the result of his underlying Attention Deficit Disorder or if there is some other contributing reason, and whether or not pursuing medication treatment for the ADD is still advisable.

-- ZANGARA, JASON

DOV 2/8/01

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The other issue is with regards to his motor tic. He has an eye blinking/facial grimacing type of tic seen mostly when he is under stress. Mother can not recall exactly when this tic first began, but it was sometime after he was first started on Ritalin, then it seemed to become quite insignificant, but has returned now in a more noticeable manner. It was initially speculated that the motor tics were the result of the Ritalin, but he has been off Ritalin for 8 months, yet his tics are now more noticeable than they ever were, suggesting a stronger correlation with stress than with medication.

The remainder of his background history is as follows:

Background History:

Perinatal: Jason is the oldest of 3 children to his parents. This was mother's first pregnancy. She had gestational diabetes in the 8th month, controlled with diet. There were no other problems or complications. Delivery occurred at term by C-section because of breech presentation. Birthweight was 8 lbs. 2 ozs. Apgar scores were not known but presumed to have been normal since he did not need any specialized care at or after birth. In the nursery he did fine except for having some jaundice that was treated with photo therapy. He was considered a healthy infant and was discharged home with his mother at 5 days of age.

There were no specific problems during infancy.

Developmental Milestones: These were all achieved during the normal range. He was walking without support by 8 months, was speaking in phrases and sentences by 2 years, was riding a bicycle by 3 years, had all of the preacademic skills by 3 years and was learning to write by 4 years. Self-help skills were also in the normal range, toilet training was achieved at 4 years of age.

Health History: He has a history of mild asthma diagnosed around the 4th or 5th grade. He has an inhaler but has not needed to use it in a long time. He needed one emergency room visit at 12 years of age when he needed stitches for his finger. There are no known allergies. He receives primary pediatric care from the Somerset Pediatric Group.

There is no history of seizures of any type. Teachers have reported staring spells but further history reveals that these are daydreaming preoccupation episodes not absences.

Personality Traits: In terms of his interests, Jason has always been a little different from other children. He prefers the company of adults and has interests more in common with adults than his own peers. He likes Art, and likes to do charity work.

He used to have one friend, this friend has now moved to a vo-tech school. At this time Jason himself states that he has no friends.

ZANGARA, JASON

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EOM - intact

Fundi - normal

Speech - was intelligible without any significant articulation problems. He did however have a slightly anxious quality to his speech. He spoke somewhat more loudly than needed with a bit more concern in his voice than needed.

Tremors - none

Tics - we did notice facial grimacing/eye blinking, at a fairly noticeable frequency initially. When he relaxed, it became infrequent and in fact there were periods of time lasting several minutes when there were no tics at all. We did not hear any vocal tics of any type.

Observations of Behavior/Personality:

JASON was cooperative and well behaved. He did not seem angry or frustrated that he was being tested and evaluated. He did not seem depressed. Physically, he was neither too active nor too sluggish. He was not particularly fidgety. On this one-to-one setting, he was not impulsive, distractible, or inattentive. However, when we left him alone to complete some academic assignments, some evidence of disorganization came through. He had forgotten a few components of the instructions. As noted earlier we also found him a little anxious.

Neuromaturational indicators:

Lateral dominance- he was right hand dominant.

R-L discrimination - he was able to distinguish right from left on himself and examiner

Synkinesis - none

Overflow movements - none

Choreiform movements - none

Gross motor coordination: He was able to balance on each foot with his eyes open for 20 seconds. Heel walking was satisfactory. Tandem gait was satisfactory.

Fine motor coordination: Finger-to-finger and finger-to-nose tests were satisfactory. His hand writing was legible. His print hand writing was more legible than his cursive.

Visual motor coord. (SDCT): He obtained a passing score.

Auditory memory - he was able to recite 6 digits forwards and 4 digits backwards

Academic Screening (School Age Assessment:)

Reading - He was able to read both an 8th grade paragraph and a 7th grade level paragraph without any errors.

ZANGARA, JASON

DOV 2/8/01

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Comprehension - First he was asked comprehension questions pertaining to the 8th grade paragraph. He struggled to answer those questions, he did eventually answer them correctly but struggled. Therefore he was asked to read the 7th grade level paragraph. He struggled a bit to answer the comprehension questions even from the 7th grade level paragraph. We had the feeling that he was a little too anxious, and was beginning to show "shut-down" which could have worsened his comprehension difficulties. Spelling spelling skills were below grade level. He was able to correctly spell the words "back" "draw" "thin" "spend" "money" "question" "minute" "engine" "promise" "shoulders" "hospital" "weather" and "measure". He could not correctly spell the words "furniture" "valuable" "customer" "invitation" "different" "necessary", and disappointed" these last words were all spelled phonetically. Math: He was able to do problem-solving math involving percentages and those involving computation of interests. He was able to add fractions with equal and unequal denominators. On the numerical math sheet, the problems that he did he did correctly, but he missed doing some of the problems seemingly because of inattention.

Diagnosis/Assessment:

Jason is an almost 15 year old youngster whose past history is indeed consistent with an Attention Deficit Disorder. At this time, however he seems to be experiencing the effects not just of ADD but also anxiety and social ostracization. He most likely has a genetic tendency towards tics, but the intensity and frequency of the tics do appear to be related to stress which he seems to be experiencing a good deal of at this time. It is possible that the reason he stopped responding to the Ritalin was because of all these other factors i.e. the other reasons overshadowed any beneficial effects of the Ritalin that he had.

At this time, it is difficult to be certain about how much of his concentration problems are because of true ADD and how much because of anxiety and stress. He also has mild reading comprehension difficulties, which may be further compounding the situation.

Recommendation:

- 1 To help determine how much of his current difficulties are the result of ADD I have recommended that he be administered the IVA Continuous Performance Test. While this is not a "gold standard" it can be quite helpful in situations where ADD is complicated by other factors.
- 2 If the IVA-CPT shows significant underlying ADD, then it would be worth pursuing further medical treatment. Although he has a low body weight he is only a few pounds underweight for his height, and therefore this is not a total contraindication to the further use of stimulant medications. Since Ritalin stopped being effective for whatever reason, it might be helpful to try another medication like Adderall. However this can be put on hold until after the IVA is completed.

ZANGARA JASON

DOB: 2/8/01

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3. No specific medical intervention is indicated for the motor tics. They are expected to diminish once the stress is reduced. They may never go away completely he may always have a tendency to have tics during times of stress but certainly reducing stress is expected to diminish the tics.
- 4 Jason would also benefit from some academic support, whether it is provided privately as private tutoring or through the school district is best left to the expertise of the Child Study Team and parents.
- 5 Measures to ensure his physical safety and emotional well-being are left to the expertise of the psychologist/psychiatrist and the school district. Educational placement decisions likewise are to be made by the Child Study Team in conjunction with the parents.
- 6 will be available to the family in follow-up to review the results of the IVA when it gets completed

Thank you for the opportunity to participate in Jason's care

Sincerely



Kapila Seshadri, M.D.
Associate Professor of Pediatrics
Division of Developmental Disabilities

:s

Addendum: Parents are advised to share a copy of this report with their pediatrician once they receive their copy from school.

MANVILLE PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

INITIAL EVALUATION DETERMINATION PLAN

Grace Argaria
STUDENT NAME

10-15-06
DATE

The district proposes to conduct an evaluation of this student.

I. EVALUATION DETERMINATION

The student shall be evaluated because of difficulty concentrating, following through, covers about ADHD, poor relations

The objective of this evaluation is to determine the following:

- A. Whether the student has a disability as per NJAC 6A:14;
- B. Present levels of performance and educational needs;
- C. Whether the student needs special education and related services; and
- D. Whether the student needs any additional or modifications to meet the goals set out in the iEP, and to participate (as appropriate) in general education.

At this time, this student is now considered to be identified as potentially educationally disabled.

II. INFORMATION ALREADY AVAILABLE (EXISTING DATA)

| | DATE |
|---|--------|
| GPA Scores | 3/2006 |
| Terra Nova Scores | 3/99 |
| Teacher Comments | 12/06 |
| Parent Report | 12/06 |
| Other Relevant Factors: Was taking Ritalin 10mg a day - not taking medication at the time | 12/06 |

III. EVALUATION PLAN (ADDITIONAL INFORMATION TO BE OBTAINED)

A. The evaluation plan shall include the following evaluations checked below:

EDUCATIONAL ASSESSMENT-Conducted by LDTC

- Analysis of the student's academic performance
- Analysis of the student's learning characteristics

SPEECH/LANGUAGE ASSESSMENT-Conducted by Speech-Language Specialist

- Appraisal of language
- Appraisal of speech

SOCIAL ASSESSMENT - Conducted by Social Worker

- Student's adaptive social functioning and emotional development
- Social and cultural factors which influence the student's emotional development

MEDICAL ASSESSMENT-Conducted by M.D.

- Physical examination of the student: Note from doctor
- Developmental/medical background review

PSYCHOLOGICAL ASSESSMENT- Conducted by School Psychologist

- Analysis of the student's cognitive skills and functioning status
- Appraisal of the student's social and adaptive status
- Appraisal of the student's status

OTHER ASSESSMENT(S)

Please specify:
Neurology, Education-Psychiatry Evaluation

B. The evaluation plan shall include the following procedures checked below:

- Review of intervention strategies used in the classroom
- Structured Observation of student in non-testing setting
- Review of developmental/education history including records and interviews
- Standardized test results
- Interview with parent
- Interview with student
- One or more informal measures
- Analysis of work; trial self report; criterion reference test; curriculum-based assessment; or informal rating scales

INITI - EVALUATION DETERMINATION PLAN

Jason Zangara
STUDENT NAME2-9-01
DATE

IV. A STATEMENT OF OPTIONS REQUESTED BY PARENT & REJECTED BY THE DISTRICT, IF ANY

None

V. NO ADDITIONAL DATA NECESSARY

A determination has been made that no additional information is necessary to determine eligibility for special education and related services for this student. Therefore, an evaluation is not warranted at this time and the reasons are as follows:

Parents have the right to consider this decision for 15 calendar days and also have the right to request a full assessment to determine eligibility. If additional assessments are desired, the child's case manager should be contacted at _____.

DATE

SIGNATURE OF PARENT/GUARDIAN

VI. PARTICIPANTS

The above plan was developed by the following participants at a meeting on this date:

| PARTICIPANT | TITLE | SIGNATURE |
|--------------------------|---------------------|----------------------------|
| Alice Kelly | Social Worker | <u>Alice Kelly</u> |
| Andrew Zangara | Parent | <u>Andrew Zangara</u> |
| Mary Ellen Zangara | Parent | <u>Mary Ellen Zangara</u> |
| Daniel Gregan | Res Ed Teacher | <u>Daniel Gregan</u> |
| Barry Kettl | Res ED Rec. | <u>Barry Kettl</u> |
| Judith Ann Stringer, RNC | School Nurse | <u>Judith Ann Stringer</u> |
| Jeanne Lefebvre | School Psychologist | <u>Jeanne Lefebvre</u> |
| Nancy Persing | Learning Consultant | <u>Nancy Persing</u> |
| Sandra Drubik | Guidance Counselor | <u>Sandra Drubik</u> |

VII. PARENTAL CONSENT AND ACKNOWLEDGMENT

Since this student has been identified as potentially disabled, an evaluation has been determined to be warranted. The district requests parental consent to conduct the evaluation as described in these pages. Parents have a right to consider the proposed action as described above for 15 days. If after 15 calendar days parental consent is not provided and the district and parent have not agreed to other action, the district has a right to pursue consent through mediation or due process.

12/19/00

DATE

Mary Ellen Zangara

SIGNATURE OF PARENT/GUARDIAN

Andrew Zangara

LEA USE ONLY

Mailed to Parent (Date) _____
 Hand Delivered to Parent (Date) _____
 Received at Meeting (Date) 12-19-00

| INSTRUCTIONAL AREA: Language Arts Literacy / Written Expression / All Subject Areas | | |
|---|--|------------------------------------|
| ANNUAL MEASURABLE GOAL: To write a clear, concise, organized language that varies in context and form for different audiences and purposes (CCCS 3.3). | | |
| BENCHMARKS OR SHORT TERM OBJECTIVES | CRITERIA | EVALUATION PROCEDURE |
| Use a variety of strategies and activities such as brainstorming, listing, discussion, note taking, journal writing, graphic organizers and webbing for finding and developing ideas about which to write. | Prewriting strategies observed in 3 out of 4 writing assignments. | Teacher observation |
| Write a composition of 3 to 6 well developed paragraphs using a correct essay format (introduction, body, conclusion). | Write a response based on a specific writing prompt within a 40 minute period. Score of 4 or higher on a rubric. | Teacher observation and assessment |
| Edit writing for developmentally appropriate syntax, spelling, grammar, usage and punctuation. | Utilize proofreading strategy or writer's checklist on 3 assignments. | Teacher observation |
| | | |
| | | |
| | | |
| MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE REGULAR EDUCATION CLASSROOM | | |
| State the modifications to enable the student to participate in the general education curriculum | State the supplementary aids and services | |
| Provide spell checker for Jason to use in class Encourage the use of computer for assignments, use spell check Accept manuscript handwriting Encourage the use of a proofreading strategy such as COPS or a writer's checklist Do not penalize for spelling errors Allow extended time for assignments and written responses | Supported regular education with an aide, who will do the following: follow teacher directives supervise Jason's time in the hallway moving to his next class make sure Jason has written homework assignments in his homework pad help Jason with taking notes or provide copy of other student/teacher notes assist Jason with reviewing and taking tests, if necessary | |
| MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE SPECIAL EDUCATION CLASSROOM | | |
| If the student will not be participating in the regular education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom | | |

| INSTRUCTIONAL AREA: Language Arts Literacy / Written Expression / All Subject Areas | | |
|---|--|------------------------------------|
| ANNUAL MEASURABLE GOAL: To write a clear, concise, organized language that varies in context and form for different audiences and purposes (CCCS 3.3). | | |
| BENCHMARKS OR SHORT TERM OBJECTIVES | CRITERIA | EVALUATION PROCEDURE |
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| | | |
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| If the student will not be participating in the regular education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom | | |
| | | |

DAVID B. RUBIN
A PROFESSIONAL CORPORATION
ATTORNEY AT LAW
BRIDGEPOINTE
44 BRIDGE STREET, P.O. BOX 4574
METUCHEN, N.J. 08840

MEMBER NJ AND NY BARS

PHONE: (732) 767-4
TELECOPIER: (732) 321-
E-mail: rubinlaw@worldnet.att.net
Website: www.rubinlaw.com

July 25, 2001

Via Fax and Federal Express
SUSAN E. DiMARIA, ESQ.
Mauro, Savo, Camerino & Grant, P.A.
P. O. Box 1277
Somerville, New Jersey 08876

Re: Jason Zangara

Dear Ms. DiMaria:

Please be advised that at the upcoming due process hearing, the Board reserves the right to rely on any documents contained in the child's school file, a copy of which is enclosed.

With respect to witnesses, the Board reserves the right to call any or all of the following Manville staff members:

Nancy Kessler
Alice Kelly
Jeanne LoPiano
Nancy Persing
Linda Weikel
Brinda Wederick
Carol Fagella
Art Lisciandaro

I believe these individuals' job titles and responsibilities insofar as Jason is concerned are well known to your clients. If not, kindly advise and I will supply whatever information you require. We also reserve the right to call Dr. Kapila Seshadri and Dr. Charles F. Martinson, who authored outside evaluation reports in the file.

Page 2
July 25, 2001

All of these witnesses are expected to testify consistently with the reports and documents authored by them in the enclosed file. If there are no documents authored by a particular witness listed, I anticipate that they, and all, witnesses will testify from their own respective disciplines that Jason is in need of a self-contained specialized school and would not receive a free appropriate public education in a mainstream public school setting substantially for reasons consistent with those set forth in the January 23, 2001 evaluation report of Dr. Martinson.

Very truly yours,

DAVID B. RUBIN

DBR:ja

cc: Audrey Press, Director of Special Services

ALEXANDER ROAD ASSOCIATES
IN PSYCHIATRY, PSYCHOLOGY & COUNSELING, P.C.

CHARLES F. MARTINSON, J.D., M.D.
JULIE E. LEWERENZ, M.D.

SHARON H. PRESS, PH.D.

W. WENDY WRIGHT, LCSW
JAY A. SLOAN, LCSW, BCD

MARION POLLACK, M.ED., LPC

MARJORIE DESTEFANO, M.A., LDT-C
JOANNE COHEN, M.ED., LDT-C

PHONE: (609) 419-0400
FAX: (609) 419-9200

SERVICES PROVIDED

CHILD, ADOLESCENT AND ADULT
PSYCHIATRY & PSYCHOLOGY
MARITAL & FAMILY COUNSELING
ADDICTIONS ASSESSMENT & COUNSELING
SCHOOL EVALUATIONS
FORENSIC EVALUATIONS
SOCIAL SKILLS GROUPS
GROUP THERAPY
ADD/ADHD EVALUATIONS
PSYCHOLOGICAL TESTING
LEARNING DISABILITIES EVALUATIONS
FAMILY CONSULTATION

PSYCHIATRIC EVALUATION

Re. Jason Zangara
Date of Birth: March 28, 1986
Date of Evaluation: January 23, 2001
Source of Referral: Manville School District Child Study Team

On January 23, 2001 on referral from the Manville School District Child Study Team, I conducted a psychiatric evaluation of Jason Zangara. Jason is a nearly 15-year-old adolescent male who resides with his parents and two younger siblings and attends the ninth grade at the Manville High School. Jason was referred to the Child Study Team because of "concerns about poor writing and organizational skills, difficulty focusing on work and problems with peers." For purposes of this evaluation, I relied on the psychological, educational and social assessments recently completed by the Child Study Team and on my interview with Jason and his mother together and with Jason alone.

During my conversation with Jason and his mother, both focused on conflict with peers at school as the reason for referral, perhaps because Jason's learning weaknesses identified on recent testing had not as yet been discussed by Child Study Team staff with Jason's parents, according to Mrs. Zangara. Mrs. Zangara framed the reason for referral as follows: "Right now, Jason is not in school. He's been harassed, threatened. Assaulted at school three times since school started. He feels he's not safe. Hasn't been in school since January 9."

According to Jason's mother's formulation, Jason began the school year, his first year at the high school, among peers who were jealous of his abilities and resentful of the fact that Jason's father sits on the local school board: "During Hurricane Floyd, Jason decided he wanted to be a volunteer. Schools were closed, and he went out and helped. I think the other kids are jealous. He was one of 2,000 kids honored by McDonalds and Disney. I don't know if the kids don't like it. He volunteers at Somerset Medical Center and is part of the Explorer program with the Hillsborough Police. My husband's on the Board of Education. The teachers claim they don't hold it against Jason, but I feel they do."

Re: Jason Zangara
Page 2

Mrs. Zangara focused on Jason's safety at school: "Our concern is that he's not safe at Manville High School. They were checking into Immaculata, a Catholic high school. The other two were Hillsborough and Bridgewater-Raritan. At one point, he was on the honor roll. Seventh grade was a little hard. He was afraid of the kids even back then."

Jason carries a longstanding diagnosis of Attention Deficit Disorder identified in the second grade when symptoms of inattention, distractibility and poor concentration were on prominent display. At that time, Jason was started on Ritalin, most recently dosed at 10 mg twice a day, but the medication was discontinued in June, 2000 because Jason's parents "felt it wasn't working adequately" and were concerned about Jason's weight loss on the medication. Family history is significant for Attention Deficit Disorder in a paternal cousin and in Jason's brother. Jason's brother, once treated with medication, is no longer. Jason is in good health and suffers from no current medical problems. He was the result of a full-term pregnancy complicated only by gestational diabetes. Delivery was by C-section because of breech presentation. Motor and cognitive developmental milestones were achieved age appropriately. Jason resides with his parents, Mary Ellen, age 38, a freelance photographer, and Andrew, age 38, a diesel mechanic. Also in the home are Jason's younger brothers, Matthew, age nine, and Michael, age two-and-a-half. The family live in Manville.

Of his freshman year at the high school, Jason offered: "It's been a living hell. It started with the letter from the principal making all the kids come into school at 9:30 in the morning one day instead of 11:30. The kids blame my dad for that. He's on the Board of Education. I've gotten assaulted by students. Harassed. They say it's my fault that they sent the letter home. I stayed home a lot because I was afraid. Missed maybe three weeks."

Although Jason described particular dislike for those students at Manville High School who he accused of tormenting him, it was clear from Jason's remarks that he has little in common with his peers generally: "I don't get along with the kids. They seem to dislike the fact that I get along better with adults. They don't like the way I dress, the way I handle my problems. I don't wear those stupid baggy clothes they wear. Dressing halfway, the way those kids dress won't get you anywhere. I don't beat people up. If somebody threatens me, I'll make sure they get disciplined. I don't listen to the same music they do, don't have the same hobbies they do, don't get into trouble."

Jason indicated that he was elected as student body president but indicated, paradoxically, that he felt little kinship with his peers: "I've never really had any friends my age. You

Re: Jason Zangara

Page 3

get used to it. Most of them, I don't want to be friends with anyway because they're getting in trouble, getting bad grades in school. I got elected president because I got stuff done, but they don't really like me. I don't even bother with them. I ignore them all. I hang with adults. If I'm downtown and see somebody I don't know, I'll talk to them, adults. I just don't want to have anything to do with them, 15 year olds. Basically, there's got to be somebody who thinks I'm normal. That's where the adults fall into place."

On mental status examination, Jason presented as a young, adolescent, boy, casually dressed and groomed. Jason displayed periodic eye blinking behavior which suggested an underlying tic disorder. Jason nodded his head in corroboration as his mother described peer conflicts at school. When I met with Jason alone, depressive symptoms and neurovegetative features were denied. Suicidal ideation was denied. Jason denied excessive or irrational worry which might have signaled an underlying anxiety disorder. Affect was rather flat and speech was monotone for the most part. There was no evidence of underlying psychotic symptoms. Cognitive functioning was grossly intact. I met with Mrs. Zangara following my talk with Jason and described to her my concern regarding Jason's interpersonal isolation. Ms. Zangara acknowledged this has been a longstanding problem with Jason and offered that "Jason has always been with us" and has been more comfortable around his parents and other adults.

Jason is a nearly 15-year-old adolescent male who has experienced interpersonal conflict at school, especially during the current academic year. It appears from Jason's comments that he has never developed close relationships with his peers. Jason's poor social skills remains a concern with me, and I believe this problem is likely to recur in any mainstream academic setting either within or outside the Manville School District. Public education should serve the purpose of fostering healthy interpersonal relationships as well as fostering education. and any placement to be considered for Jason should be made with this in mind. There is evidence from the educational evaluation conducted by the Child Study Team that Jason displays learning weakness, especially in the area of written communication. An educational classification of "other health impaired" would be reasonable as a way of acknowledging Jason's underlying learning differences as well as difficulties with social skills.

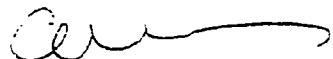
Jason does carry a longstanding diagnosis of Attention Deficit Disorder, and to some extent, his academic struggle may be the product of continued symptoms such as inattention and distractibility. Jason's teachers should be given an opportunity to respond to standardized rating scales in order to test this hypothesis. If teacher responses suggest that symptoms related to Attention Deficit Disorder continue to serve as an obstacle to

Re: Jason Langara

Page 4

ason's academic success, retiral on a stimulant medication would be reasonable. In my interview with Jason, there was clinical evidence of an underlying tic disorder, and therefore, however, treatment with stimulant medication should be pursued with caution as psychostimulant medication has the potential to exacerbate his symptoms.

Sincerely yours,



Charles F. Martinson, M.D.

*Certified by the American Board of Psychiatry and Neurology in
General Psychiatry and Child and Adolescent Psychiatry*

Approved In-State Private Schools for the Disabled

Page 80

COUNTY: MIDDLESEX
 SCHOOL NAME: CENTER SCHOOL
 319 NORTH THIRD AVENUE
 HIGHLAND PARK, NJ 08904
 TELEPHONE: (732) 249-3355 FAX: (732) 249-1928
 CONTACT PERSON: LANNIE PRIAL
 TITLE: DIRECTOR

| <u>Class Type</u> | <u>Number of Classes</u> | <u>Age Range</u> |
|--|--------------------------|------------------|
| BEHAVIORAL DISABILITIES | 8 | 06-18 |
| LEARNING/LANGUAGE DISORDERS- MILD TO MODERATE | 9 | 06-18 |

Program Description

The Center School tailors an individual program to the specific needs of each student and is based on goals and objectives as outlined in his/her IEP. The ultimate goal is to send each student back to his/her school district to enter a program that will allow for maximum mainstreaming, ultimately leading to a successful future and post-school life.

TYPE OF PROGRAM: DAY SCHOOL
 LENGTH OF PROGRAM: 10 MONTHS
 SCHOOL DAY: 9:15 am - 2:15 pm

Last updated 07-Dec-00

Manville Public Schools
Department of Special Services

INDIVIDUALIZED EDUCATION PLAN

STUDENT INFORMATION

| | | |
|--------------------------------------|--------------|--|
| NAME: Jason Sangara | DOB: 3-28-86 | CLASSIFICATION DATE: ESEARS 1-25-01 |
| PARENTS: Andrew & Mary Eller | GRADE: 3 | CONFERENCE DATE: 1-25-01 |
| ADDRESS: Sangara | SCHOOL: MHS | IMPLEMENTATION DATE: |
| 24 S. 8th Ave. Manville, NJ 08835 | | |

IEP PARTICIPANTS

Please sign in the appropriate space. A signature in this section of the IEP documents participation in the meeting and does not mean agreement with the IEP.

| Student, if appropriate or required | Date |
|---|---------|
| <u>Jason Sangara</u> Parent <u>Mary Eller</u> | 1/25/01 |
| <u>Cathleen Gaskins</u> Regular Education Teacher | 1/25/01 |
| <u>Michael Brandstetter</u> Special Education Teacher or Special Education Provider | 1/25/01 |
| <u>Jeanne L. Pisan - School Psychologist</u> Child Study Team Member | - 25-01 |
| <u>Aliee Kelly</u> Case Manager (May be the CST member above.) | -25-01 |
| <u>Janine Durek</u> School Representative (May be the CST member or other appropriate school personnel.) | 1/25/-1 |
| <u>Laura B. Wiedrich, LCSW, RPT</u> Socialist | -25- |
| Other | |

PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

Consider relevant data. List sources of information used to develop the IEP.

Psychological Evaluation 1/01, Educational Evaluation 1/01, Social History 1/01, Interim Report, First Marking Period Grades, GEPA Results, Parent Comments, Teacher Comments, Counselor and Therapist Comments.

Describe the present levels of performance including how the child's disability affects his or her involvement and progress in the general education curriculum. For preschool children, as appropriate, describe how the disability affects the child's participation in appropriate activities. Include other educational needs that result from the student's disability.

Jason is a ninth grader who has exhibited difficulties with concentration, peer relations, and with written communication. Peer relations are very strained and Jason has refused to attend school. To expedite Jason's return to school, this IEP is being written with all available information. Additional data from specialists will be addressed at a later date in an IEP review.

During second grade, Jason was medically diagnosed as having Attention Deficit Hyperactivity Disorder. He was on medication from second through eighth grade (June, 2000). He continues to show evidence of having ADHD as presented by his disorganization, poor social skills, lack of concentration, weak graphomotor skills. It is these deficits that prevent him from meeting with success in the general education curriculum. Jason needs appropriate modifications and special education supports to make academic progress. The parents may wish to reconsider medication therapy, under the advisement of a physician.

Psychological testing indicated that Jason is functioning within the "Average" range of measured intelligence. He achieved a Verbal Score of 110 (75th percentile), a Performance Score of 94 (34th percentile), and a Full Scale Score of 102 (55th percentile). Jason's verbal abilities ranged from above average to below average. Non-verbal abilities ranged from above average to far below average. There is a 16-point difference between verbal and performance abilities. This difference is statistically significant and indicates uneven cognitive abilities. This may be a source of frustration for Jason. Relative weaknesses were Jason's short-term memory, psychomotor speed and the ability to synthesize concrete parts into meaningful wholes. Jason's score on the Reynold's Adolescent Depression Scale was 38 and not considered significant at this time. On the Piers-Harris Children's Self-Concept Scales Jason's scores were low on the Popularity subscale which may reflect shyness, lack of interpersonal skills or personality traits which tend to isolate the child from others. The Conner's Rating Scales used to screen for attention deficit/hyperactive disorder and related problem behavior found the teacher and parent results to be in agreement. Jason may have a possible significant problem with attention.

The educational assessment found Jason to be functioning at the low end of the average range in math, average performance in the area of reading, and within the low range in basic writing skills. Spelling was measured at the 7th percentile. Relevant behaviors that impact on academic performance include a short attention span, disorganization, limited participation in class, and inconsistent homework and classwork completion.

Results on the GEPA, March, 2000, were Proficient for reading, writing and math. Terra Nova results from seventh grade were Reading 74 %, Math 84 %, Science 70 %, Social Studies 49 %.

Jason's grades for the first marking period of grade nine were: English-F, World History-D, Physical Science-B, Spanish I-B, Art I-B, Physical Education-A, Algebra I-C. The interim report for the second marking period with teacher comments were as follows:

English C- Strengths: good thinking skills, good verbal skills, creative writer, positive relationship with teacher
Weaknesses: difficulty remaining focused and completing tasks

Algebra I- Strengths: comes to class on time, brings appropriate materials to class
Weaknesses: not an active class participant, material presents some difficulty, doesn't remain focused, poorly organized, late and missing assignments

World History F- Strengths: prepared for class

Weaknesses: writing skills, easily distracted, unable to take notes, difficulty following multiple directions, does not complete homework on time

Physical Science C- Strengths: came to class on time and prepared

Weaknesses: difficulty taking tests, writing skills, remaining focused

Spanish I B- Strengths: he can do the work, Jason seemed motivated to learn the language, respectful and polite
Weaknesses: poor retention of learned material which will make it difficult as the work becomes harder

Jason doesn't ask for help and won't come for assistance

Art I C- Strengths: cooperative, tried to do the work

Weaknesses: poor motor skills negatively impacted on his work quality, not creative and required one on one assistance, does not seem motivated, frequently questions and corrects the teacher, when under stress he will withdraw

Physical Education A- Strengths: always prepared for class, tried his best

Weaknesses: weak skills, limited peer interactions

Communication skills are age appropriate. A strength for Jason is his oral communication.

Strategies and interventions used by teachers included: one-on-one instruction, the offer of extra help before tests, preferential seating, extended deadlines, emphasis on oral rather than written work, allowing the retake of tests, frequent check of Jason's progress during class, shortened assignments, buddy system with a successful student, gave him copy of notes, providing a work area free from distractions, and use of the computer. Jason has been inconsistent about using a daily homework pad and having teachers complete a weekly progress report.

Socially, Jason is involved with several community and school based activities. He tends to be more comfortable with adults and at this time has no close friends. Jason has had problematic peer relations and has been physically and verbally assaulted at school. Jason tends to seek leadership positions and his need to judge others separates him from meaningful peer relationships. Jason has been working with the Student Assistance Counselor to help him with peer and academic issues.

Medically, Jason is in good health. He does exhibit behaviors that support the earlier medical diagnosis of ADHD. The parents report the physician is concerned about Jason's low body weight and is not recommending an increase in his medication. Jason has an eye tic that seems to be stress related.

Long term Jason hopes to be a physician. He plans to attend a four year college.

Jason resides with his parents and younger brothers. The family is under much stress relating to Jason's school and community problems. Patterns of family interaction need to be explored further to help this young man deal with the normal progression of adolescent development.

STATEMENT OF TRANSITION SERVICE NEEDS

At age 14 or younger, if appropriate, develop the long-range plan for the student's future. Review annually.

Identify and consider the student's interests and preferences:

Jason participates in several school and community activities. He is a volunteer fireman, member of the PTSO, freshman class President, member of the student council, a boy scout and a volunteer at the local hospital. He enjoys riding his bike and James Bond movies. Long term Jason would like to become a doctor.

Post-secondary outcomes:

Four year college.

Grade 9 Courses of Study:

September to January 31, 2001: English 9, Algebra I, World History, Art I, Physical Education/Health 9, Physical Science, Spanish I.
Beginning January 31, 2001, ICS for English 9, Algebra I Concepts, Supported Regular Education with an aide for World History, Science, Spanish I, Health 9, Alternate Physical Education.

Grade 10 Courses of Study:

Grade 11 Courses of Study:

Grade 12 Courses of Study:

BEHAVIORAL INTERVENTIONS

< **Target behavior:**

To improve academic and social performance

< **Prior interventions (if any)/student response:**

Counseling—effective

Modifications such as: leaving class 5 minutes early to reduce peer interactions in hallway—not effective

Preferential seating—effective

Buddy System—effective

Oral Testing--effective

< **Description of the positive supports/interventions:**

Counselling to be provided by SAC.

Absences from January 8, 2001 to January 31, 2001 to be excused. As of February 1, 2001, the school attendance policy will be in effect. If Jason does not return to school truancy charges could be filed or a request for mediation initiated.

Jason is excused from taking mid-term exams, but he must complete and return work he presently has at home by 9:00 AM on 1-31-01. His grades will be based on his work and test scores throughout the marking period, but not mid-term exams.

Mr. Brandstetter will be available to Jason as a mentor.

Modified school day to include special education supports, related services and appropriate modifications.

Jason will keep a log of the time he spends riding his bike, as an alternate to physical education.

Log of hospital volunteer time to be presented to CST case manager at the end of the third and fourth marking periods so that Jason can receive 2 credits

Jason will receive credit only for the first marking period of art.

Jason to go to appropriate school personnel with concerns, mentor, case manager, school nurse, or disciplinarian before calling his parent.

If Jason finds the cafeteria difficult he may be assigned an alternate area to eat his lunch.

Special education personnel to supervise Jason's walking from one class to the next class; at lunch time and seventh period he will be excused 5 minutes early to to get to his class or go home.

For the first week Jason to come to case manager's office at the end of his to discuss his daily experiences.

< **Data collection and management system:**

SAC's record of appointments

Logs presented by student, three days before the end of the third and fourth marking periods, to receive credit for physical education and volunteer work

Interim reports and report card grades.

Progress notes in Jason's CST folder

< **Conditions under which the supports/interventions will be implemented**

Upon parents' written approval of IEP, with the goal to return Jason to school at the start of the second semester, January 31, 2001.

< **Conditions under which the supports/interventions will be terminated:**

Request for review of IEP by parents, CST case manager, teachers.
Review of IEP to include, if necessary, information provided by psychiatrist and neurologist.

< **Parental involvement:**

<
Parent(s) to attend scheduled meetings.
Parent(s) to review homework pad daily.
Parent(s) to communicate concerns with case manager.

| INSTRUCTIONAL AREA: Language Arts Literacy / Written Expression / All Subject Areas | | |
|--|--|------------------------------------|
| ANNUAL MEASURABLE GOAL: To write a clear, concise, organized language that varies in context and form for different audiences and purposes (CCCS 3.3). | | |
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| Edit writing for developmentally appropriate syntax, spelling, grammar, usage and punctuation. | Utilize proofreading strategy or writer's checklist on 3 assignments. | Teacher observation |
| | | |
| | | |
| MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE REGULAR EDUCATION CLASSROOM | | |
| <p>State the modifications to enable the student to participate in the general education curriculum</p> <p>Provide spell checker for Jason to use in class Encourage the use of computer for assignments, use spell check Accept manuscript handwriting Encourage the use of a proofreading strategy such as COPS or a writer's checklist Do not penalize for spelling errors Allow extended time for assignments and written responses</p> | <p>State the supplementary aids and services</p> <p>Supported regular education with an aide, who will do the following: follow teacher directives supervise Jason's time in the hallway moving to his next class make sure Jason has written homework assignments in his homework pad help Jason with taking notes or provide copy of other student/teacher notes assist Jason with reviewing and taking tests, if necessary</p> | |
| MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE SPECIAL EDUCATION CLASSROOM | | |
| <p>If the student will not be participating in the regular education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom</p> | | |

| INSTRUCTIONAL AREA: Cross-content Workplace Readiness / Study Skills | | |
|---|--|---|
| ANNUAL MEASURABLE GOAL: Improve organizational skills to assist with self-management (CCCS 4.0) | | |
| BENCHMARKS OR SHORT TERM OBJECTIVES | CRITERIA | EVALUATION PROCEDURE |
| Set long and short term goals. | 4 out of 5 days Jason will use assignment pad. | Teacher observation |
| Use time efficiently and effectively. | Jason to be on task in the classroom setting 75% of a 40 minute period | Teacher observation |
| Utilize strategies to deal with Attention Deficit Hyperactivity Disorder. | Jason will decrease off task behavior by utilizing strategies to deal with attention difficulties i.e. study carrel, preferential seating, teacher prompts at least once a class period. | Teacher observation |
| Organize approach to work. | <p>Jason will be prepared for class with appropriate materials and assignments 4 out 5 days.</p> <p>Jason will demonstrate a preparedness for tests by scoring a 75 or above.</p> | Teacher observation, teacher assessment, homework, test results |
| MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE REGULAR EDUCATION CLASSROOM | | |
| State the modifications to enable the student to participate in the general education curriculum | State the supplementary aids and services | |
| <p>Break large assignments into smaller segments.</p> <p>Support staff to monitor daily entries in homework assignment pad.</p> <p>Teacher/support staff to provide study guides prior to testing.</p> <p>Allow extended time for assignments requiring written responses; all homework and long term assignments to be handed in no later than the Monday following the due date.</p> <p>Allow the use of a computer to complete assignments.</p> <p>Preferential seating.</p> <p>Assign a more successful student to work with Jason on projects.</p> | | |
| MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE SPECIAL EDUCATION CLASSROOM | | |
| If the student will not be participating in the regular education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom: | | |
| <p>One on one assistance</p> <p>Review of study guides, vocabulary lists before tests</p> <p>Communicate with regular education teachers to be aware of Jason's assignments</p> <p>Have Jason show you his homework pad</p> <p>Help Jason organize his notes, backpack</p> | | |

| INSTRUCTIONAL AREA: Counseling | | |
|---|---|-------------------------------------|
| ANNUAL MEASURABLE GOAL: Student will demonstrate self-management skills (CCS 4.0). | | |
| BENCHMARKS OR SHORT TERM OBJECTIVES | CRITERIA | EVALUATION PROCEDURE |
| Jason will learn to evaluate own actions and accomplishments | 7 out of 10 times | Counselor's observation |
| Jason will develop coping skills for dealing with peer issues or frustration with school situations. | 5 out of 10 times | Counselor's observation |
| Jason will learn to work cooperatively with others, provide support for others in class. | 6 out of 10 times | Counselor's observation |
| Encourage Jason to use problem solving skills: (a) identify the problem, (b) identify goals and objectives, (c) develop strategies, (d) develop a plan of action, and (e) carry out the plan. | 8 out of 10 times | Student and counselor's observation |
| Jason will stop to "think" before acting (e.g. ask himself: "What is happening?" "What should I do?" "What will be best for me?") | 8 out of 10 times | Student and counselor's observation |
| MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE REGULAR EDUCATION CLASSROOM | | |
| State the modifications to enable the student to participate in the general education curriculum | State the supplementary aids and services | |
| MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE SPECIAL EDUCATION CLASSROOM | | |
| If the student will not be participating in the regular education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom | | |
| One on One | | |
| Use of games that require solutions to different social situations. | | |

| INSTRUCTIONAL AREA: Counseling | | |
|---|---|-------------------------|
| ANNUAL MEASURABLE GOAL: Student will demonstrate self-management skills (CCCS 4.0). | | |
| BENCHMARKS OR SHORT TERM OBJECTIVES | CRITERIA | EVALUATION PROCEDURE |
| Jason will understand the natural consequences to some of his own behaviors. | 8 out of 10 times | Counselor's observation |
| Jason, through role playing will learn the appropriate way to interact with another student. | At least once during the role play session. | Counselor's observation |
| MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE REGULAR EDUCATION CLASSROOM | | |
| State the modifications to enable the student to participate in the general education curriculum | State the supplementary aids and services | |
| MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE SPECIAL EDUCATION CLASSROOM | | |
| If the student will not be participating in the regular education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom | | |

MODIFICATIONS IN EXTRACURRICULAR AND NONACADEMIC ACTIVITIES

State the modifications to enable the student to participate in extracurricular and nonacademic activities.

None Jason may participate in extracurricular and nonacademic activities of interest

SUPPORTS FOR SCHOOL PERSONNEL

State the supports for school personnel that are provided for the student.

Teachers will be provided with a copy of the IEP.

Teachers may consult with special education teacher(s) as necessary.

Teachers may consult with child study team member(s) as necessary.

Meeting with case manager prior to Jason's return to school

PROGRESS REPORTING

State how the parents will be regularly informed of their student's progress toward the annual goals.

| METHOD | SCHEDULE |
|----------------------------|--|
| Interim Reports | Quarterly |
| Report Cards | Quarterly |
| Parent/Teacher Conferences | At least once a year or upon request by teacher, parent, or case manager |
| IEP Review | Upon receipt of psychiatric and neurological reports |
| Annual Review | By June 15, 2001 |

DECISION-MAKING FOR PLACEMENT IN LRE

Explain the extent, if any, to which the student will not participate with nondisabled peers in the general education class and in extracurricular and nonacademic activities:

1. Document the comparison of the benefits provided in the regular class and the benefits provided in the special education class:

Within the general education class, Jason will be exposed to the general curriculum and have appropriate peer interactions. Jason will have special education supports and modifications to help him meet with success in the general curriculum.

Within the resource room study skills program, Jason will receive one on one support to assist him with organization, homework completion, and test preparation that will help him achieve success within the general education settings.

2. Document the potentially beneficial or harmful effects which a placement may have on the student with disabilities or the other students in the class:

The program stated will help address Jason's deficits and enhance his self-esteem as he meets with academic and social progress.

3. Explain the extent, if any, to which the student will not participate with nondisabled peers in extracurricular activities and nonacademic activities:

None. Jason can participate in all extracurricular and nonacademic activities of his choice.

PLACEMENT DECISION

The placement is provided in educational settings as close to home as possible and when the IEP does not describe specific restrictions the student is educated in the school he or she would attend if not disabled.

| SPECIAL EDUCATION DETERMINATIONS | | | |
|--|--|---|--|
| Document length of school day, if different from length of regular school day: Jason will attend Manville High School from 8:15 to 1:35. | | Statement of student's transition from elementary to secondary program: Student has already transitioned from elementary to a secondary school setting. | |
| <p>Determine whether the student needs an extended school year (ESY) program. List relevant factors considered in determining whether the student needs an ESY program.</p> <p>Jason is not in need of an ESY program. He does not exhibit a significant regression of learned skills, due to an interruption of instruction during the summer months, that he cannot recoup within an appropriate period of time. This decision was determined by test results, grades, teacher comments, and previous school history.</p> | | | |
| <p>If the student requires an ESY program, describe the ESY program:</p> | | | |
| PARTICIPATION IN DISTRICT AND STATE ASSESSMENT PROGRAM | | | |
| Specify the district or state assessment. | Modifications / Accommodations | If the student will not be participating in a subject area or areas of a district or state assessment, explain why that assessment is not appropriate. | State how the student will be assessed |
| District Assessment: Terra Nova | Small Group Extended time not to exceed 50% of specified test time. | | |
| State Assessment Check one: ESPA GEPA HSPT SRA | | | |

STATEMENT OF SPECIAL EDUCATION AND RELATED SERVICES

| State the special education services by instructional area. For in-class programs: Also state amount of time the resource teacher is present in the class. | Dates the services will begin and end | Frequency | Location | Duration |
|---|---------------------------------------|--------------|----------------------------------|-----------------------|
| ICS Algebra Concepts I and English (special education teacher to be present 100% of the time) | 1-31-01 to 6-30-01 | 5 X's a week | Regular classes at Manville High | 40 minutes each class |
| Supported regular education for Environmental Science and World History (aide to be present 100% of the time) | 1-31-01 to 6-30-01 | 5 X's a week | Regular classes at Manville High | 40 minutes each class |
| Resource Room for Study Skills | 1-31-01 to 6-30-01 | 5 X's a week | Resource Room at Manville High | 40 minutes |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| State the related services | Dates the services will begin and end | Frequency | Location | Duration |
|-----------------------------------|--|--|-----------------|-----------------|
| Counselling | 2-1-01 to 6-1-01 | Twice a month, or more than that schedule permitting | SAC's Office | 40 minutes |

| GRADUATION REQUIREMENTS | |
|--|------------------------|
| RATIONALE FOR EXEMPTION FROM GRADUATION REQUIREMENTS | ALTERNATE REQUIREMENTS |
| <p>HSPT: At this time not applicable for this student</p> <p>Attendance: Student will meet the MHS attendance requirements.</p> <p>Credit Hour Requirements: Student will meet the 120 credit hour requirement to graduate from Manville High School.</p> <p>Core Curriculum Content Standards: Student's courses are aligned with the CCCS.</p> | |

TRANSFER OF RIGHTS AT AGE OF MAJORITY

At least one year before the student reaches age 18, a statement that the student has been informed of the rights that will transfer to the student on reaching the age of majority

I have been informed that upon reaching age 18 rights under N.J.A.C. 6A:14 will transfer to me, except that my parent(s) will continue to receive notice.

I have received a copy of the special education code, N.J.A.C. 6A:14 and a copy of the procedural safeguards statement, *Parental Rights in Special Education*, which describes these rights.

(Student Signature)

(Date)

NOTICE REQUIREMENTS FOR THE IEP AND PLACEMENT

This form describes the information required in each of the components of written notice for an IEP meeting. The written notice includes the IEP as a description of the proposed action and a description of the procedures and factors used in determining the proposed action.

Describe the proposed action and explain why the district has taken such action:

The attached IEP describes the proposed program and placement and was developed:

as a result of an initial evaluation and determination of eligibility.

as a result of an annual review.

as a result of a reevaluation.

in response to a parental request.

to propose a change in placement.

to review the behavioral intervention plan.

other. _____

Describe any options considered and the reasons those options were rejected:

None

Describe the procedures, tests, records or reports and factors used in determining the proposed action:

The sources of information used to develop the proposed IEP are listed in the present levels of performance.

If applicable, describe any other factors that are relevant to the proposed action:

CONSENT FOR INITIAL IEP IMPLEMENTATION:

Your signature is required to give consent before the proposed IEP services can start.

You have the right to consider the attached IEP for up to 15 calendar days before giving consent. But, you may sign at any time during the 15 calendar days to have the IEP services start.

I/we have received a copy of the proposed IEP and give consent for the IEP services to start.

Signature

Date

IEP REVIEW OPTION #1: This form is used when the proposed IEP is intended to be implemented before the 15 day notice period has expired. The parent's signature is required to document agreement to start the services sooner.

You have the right to consider the proposed IEP for up to 15 calendar days. To have the IEP services start before the 15 days expire, you must sign below.

If you disagree with the IEP and you do not inform the district in writing of your disagreement, the IEP will be implemented without your signature after the 15 days have expired.

I/we have received a copy of the proposed IEP and agree to have the IEP services start before the 15 calendar days have expired.

Signature

Date

IEP REVIEW OPTION #2: This form is used when the proposed IEP is intended to be implemented after the 15 days have expired.

You have the right to consider the proposed IEP for up to 15 calendar days.

Your signature is not required to implement a proposed IEP, after the 15 calendar days have expired.

If you disagree with the attached IEP and do not inform the district in writing of your disagreement before the 15 calendar days have expired, the IEP services will start on